

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Kuo for Congress

ADDRESS (number and street)

2 Civic Center Drive

Unit 4338

San Rafael

CA

94913-5703

☐ Check if different
than previously
reported. (ACC)2. **FEC IDENTIFICATION NUMBER ▼**

C C00609412

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐ NEW
(N)

OR

☐ AMENDED
(A)

CA

17

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☒

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

19

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Montgomery

Signature of Treasurer

Thomas Montgomery

[Electronically Filed]

Date

M M /

06

D D /

30

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kuo for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	250.00	8133.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	250.00	8133.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	718.64	12332.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	718.64	12332.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kuo for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

250.00

5950.00

(ii) Unitemized.....

0.00

2182.76

(iii) TOTAL of contributions from individuals ▶

250.00

8132.76

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

1.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

250.00

8133.76

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

6100.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

6100.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

250.00

14233.76

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	718.64	12332.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1901.53	1901.53
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1901.53	1901.53
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2620.17	14233.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2370.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	250.00
25. SUBTOTAL (add Line 23 and Line 24).....	2620.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2620.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kuo for Congress

Full Name (Last, First, Middle Initial)
Glenn Tanimura

Mailing Address 1079 Noble Lane

City State Zip Code
San Jose CA 95132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Discovery Counseling Center

Occupation
Counselor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y
05 19 2016

Transaction ID : SA11Al.C4636178

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kuo for Congress

Full Name (Last, First, Middle Initial)

A. NationBuilderMailing Address 520 S. Grand Ave.
2nd Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Web Hosting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

Amount of Each Disbursement this Period

69.00

☐ Memo Item

Transaction ID : SB17.E1636957

B. NationBuilderMailing Address 520 S. Grand Ave.
2nd Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Web Hosting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

69.00

☐ Memo Item

Transaction ID : SB17.E1636961

C. NationBuilderMailing Address 520 S. Grand Ave.
2nd Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Web Hosting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

Amount of Each Disbursement this Period

69.00

☐ Memo Item

Transaction ID : SB17.E1636959

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

207.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kuo for Congress

Full Name (Last, First, Middle Initial)

A. Four Tier Strategies

Mailing Address 273 Roslindale Ave

City	State	Zip Code
Boston	MA	02130

Purpose of Disbursement
Web design

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MA

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.E1635758

B. Democracy Engine

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: DC

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

Amount of Each Disbursement this Period

9.57

☐ Memo Item

Transaction ID : SB17.E1636963

c. Democracy Engine

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: DC

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

Amount of Each Disbursement this Period

2.07

☐ Memo Item

Transaction ID : SB17.E1634070

SUBTOTAL of Disbursements This Page (optional).....

511.64

TOTAL This Period (last page this line number only).....

718.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kuo for Congress

Full Name (Last, First, Middle Initial)

A. Peter Kuo

Mailing Address 883 East River Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Santa Clara	CA	95054

Amount of Each Disbursement this Period

1801.53

Purpose of Disbursement
Loan Repayment

009

☐ Memo Item

Candidate Name

Peter KuoCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Transaction ID : SB19A.L558015

Full Name (Last, First, Middle Initial)

B. Peter Kuo

Mailing Address 883 East River Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Santa Clara	CA	95054

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Loan Repayment

009

☐ Memo Item

Candidate Name

Peter KuoCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Transaction ID : SB19A.L558008

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1901.53

1901.53

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 10

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.L557970

Kuo for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Peter Kuo

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

883 East River Pkwy

City

State

ZIP Code

Santa Clara

CA

95054

4198.47 of this loan was forgiven

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

6000.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 M

D 22 D

Y 2016 Y

M 06 M

D 07 D

Y 2016 Y

None

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.L557969

Kuo for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Peter Kuo

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

883 East River Pkwy

City

State

ZIP Code

Santa Clara

CA

95054

Original Amount of Loan

100.00

Cumulative Payment To Date

100.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M / D / Y
03 / 07 / 2016

Date Due

M / D / Y
06 / 07 / 2016

Interest Rate

None

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.